

## **Response to Report of Notifiable Condition**

This protocol refers to the notifiable communicable disease conditions identified under WAC 246-101 and how the Pacific County Health department will pursue such notification.

### ***Provider Education***

Health care providers within Pacific County will periodically be provided with a list of *Notifiable Conditions* published by the Washington State Department of Health. Annually, health department personnel will conduct educational sessions and/or have informational visits with health care providers to update them on their notification responsibilities. The health department will provide workday, off-hours, and weekend notification phone numbers to providers

### ***Reporting Entities***

Reports of notifiable conditions may arrive directly from clinical laboratories (hospital, commercial, and public health labs). Physicians and other practitioners are required to inform the health department of notifiable conditions that are suspected as well as those with laboratory confirmation. Institutions such as hospitals or long-term care facilities may also be the source of reports.

### ***Contacts***

During regular working hours notifiable conditions reports will be referred to the communicable diseases nurse. During non-working hours Kathy Spoor or her designate will receive reports of immediately notifiable conditions and will initiate the appropriate categorical response enumerated below.

### ***Response to Immediately Notifiable Conditions***

For conditions requiring *immediate* notification, the initial response from the health department will occur within that working day, or during off-hours, within 8 hours. The immediate response will differ for different conditions. In all cases early consultation with the health care provider responsible for the index case will be attempted. Planned *categories of response* are enumerated as follows:

1. *Category One:* The only immediate need is case management advice. Typically there are no contacts at immediate risk. Epidemiological investigation is likely to be straightforward and involve very few individuals at risk. Help for health care providers in finding appropriate sources of consultation may be necessary. Involvement of state or federal public health authorities is not immediate. One person from the health department would be expected to handle the immediate tasks.
2. *Category Two:* Immediate public health involvement is required but the disease is not likely to be of environmental origin. Contact identification and notification is necessary. Contacts may be numerous and urgently require testing, prophylaxis or quarantine. State or federal public health interventions may be required early.

Response will require direct action and involvement by health department communicable disease personnel excluding those from environmental health.

3. *Category Three:* Immediate public health involvement is required and the disease is likely to be of environmental origin. Contact identification and notification is necessary. Contacts may be numerous and urgently require testing, prophylaxis or quarantine. State or federal public health interventions may be required early. Response will require direct action and involvement by health department personnel including those from environmental health.
4. *Category Four:* As in 2 or 3 above but mobilization of multiple staff members to handle the immediate tasks at hand may be necessary.
5. *Category Five:* In addition to above there is immediate need for communication to Public Safety, the Health Care community at large, the Board of Health, Political Authorities, and the Media. Requires at least the involvement of Kathy Spoor, Bryan Harrison, or Dr. James Edstam, preferably all three.

*Immediately Notifiable Conditions by Category of Response:*

1. Animal Bites, Brucellosis, Hemolytic Uremic Syndrome, Listeriosis, Poliomyelitis, Relapsing Fever (borreliosis), Tuberculosis, Yellow Fever, Unexplained Critical Illness or Death.
2. Diphtheria, H. influenzae invasive disease, Hepatitis (unspecified), Measles, Meningococcal disease, Pertussis, Plague, Rabies, Rubella, Typhus
3. Botulism, Cholera, Diseases of suspected Bioterrorism Origin (Anthrax, Smallpox), Foodborne origin, Waterborne origin, E. coli 0157:H7, Hepatitis A, Paralytic shellfish poisoning, Pesticide poisoning, Salmonellosis, Shigellosis.
4. Any from 2 or 3 above
5. Diseases of suspected Bioterrorism origin, Plague, Meningococcal disease, Diseases of Food or Water borne origin.

***Response to Notifiable Conditions not “Immediately Notifiable”***

The communicable disease nurse will initiate investigation within the next working day.

***Process of Investigation***

If the etiological agent is unknown then investigation will begin in consultation with the attending physician by developing a preliminary case definition. Investigation will then proceed to identify additional cases, point source of origin, risk of contacts and any other epidemiological information that may aid diagnosis and control.

If the etiological agent is known (or strongly suspected) epidemiological investigation and control measures will follow closely any protocols for individual communicable disease agents developed by the Washington State Dept. of Health. The Control of Communicable Diseases Manual 17<sup>th</sup> Edition (2000) will be used as a guide to investigation and control of specific agents when no state protocol or specific local protocol is available.

All significant notifiable disease occurrences will be discussed with the Health Officer early in the investigative phase.

A current list of contact phone numbers and addresses will be maintained for report to state and federal authorities.

Pacific County health providers will be notified of serious disease episodes, outbreaks, or significant disease investigations in progress. Such notification will include educational material for providers concerning treatment and control of the condition. Periodic progress reports will be provided to practitioners.

Media notification concerning a disease episode, outbreak or investigation in progress will be the responsibility of Kathy Spoor, Bryan Harrison, or Dr. James Edstam (preferably all three) and if possible with input from members of the Board of Health.

Health department activity in response to a report of notifiable condition will be recorded on the “*Notifiable Disease Tracking Form*.” Every notifiable condition reported will generate such a form, which will then be the summary record of the event. The tracking form will note the “resolution” of the disease episode. One copy of the tracking form will be filed permanently by year. Another copy along with all other permanent paperwork generated in the course of investigation and control of a disease episode will be filed by disease.

### ***Permanent Files***

The Health Officer will review *Notifiable Disease Tracking Forms* before they are filed. Records will be filed in a locked cabinet. Archived records of completed investigations and control efforts will consist of a completed *Notifiable Disease Tracking Form*, copies of all information submitted to the state or CDC, and whatever other information the primary investigator feels is appropriate such as contact lists and interview questionnaires. Records will be filed by disease. A copy of the *Notifiable Disease Tracking Form* will also be filed by year along with copies generated from all other investigations for that year. That file will serve as a reference to access full records and to perform annual performance and quality improvement review.

### ***Evaluation***

*Notifiable Disease Tracking Forms* contain a section entitled “Evaluation” where quantitative and qualitative review of the process and success of investigation and control measures are to be noted. Not all events will require quality review. However, all episodes of vaccine-preventable diseases and all episodes of diseases in which contacts require prophylactic treatment or diagnostic testing will be reviewed. Qualitative review will be accomplished by a debriefing subsequent to resolution of an incident and will involve communicable disease personnel, the Nursing Director, and the Health Officer. Suggested quantitative data to be recorded for review is as follows:

- Number of cases

- Number of contacts
- Number of individuals identified to be at risk,
- Number of secondary cases
- Number of secondary cases in individuals not identified by the health department as at risk
- Number of contacts with adequate prior immunization (if vaccine-preventable)
- Other data that may be appropriate for a particular episode.

Note should be made as to whether the debriefing and review process at the end of an incident results in system or process changes for future investigations and control efforts.

*Notifiable Disease Tracking Forms* will be audited annually for the following:

- Timely initiation of the investigation. (An investigative response within 8 hours would be expected for an immediately notifiable condition. Investigation should otherwise initiate within the next working day).
- Proper completion of the *Notifiable Disease Tracking Form* with particular note that the “resolution” of the investigation and control efforts is recorded.
- Post-investigation debriefing and review of processes has occurred where appropriate and is summarized under “Evaluation” on the *Notifiable Disease Tracking Form*.

An annual report to the Board of Health will summarize notifiable disease activity for the year with comparisons to historical experience where appropriate. Measures taken to protect public health during significant occurrences and changes in processes or approach developed in response to the last year’s experience will also be reported.

This protocol will be subject to annual review and revision.

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James Edstam MD MPH, Health Officer